

(Nomination Paper Template/Guide – Voter Facing)

The attached samples and guides are intended to assist candidates in ensuring nomination papers contain all required information so that signatures are not struck and that they can achieve ballot access by submitting the required number of signatures necessary per statute.

The attached samples and guides are not a substitute for reading and understanding the statutory and administrative code provisions that govern nomination papers. “Each candidate for public office has the responsibility to assure that his or her nomination papers are prepared, circulated, signed and filed in compliance with statutory and other legal requirements.” Wis. Admin. Code EL § 2.05(1).

The requirements and standards related to nomination papers, sufficiency of information contained on nomination papers and reasons the sufficiency of nomination paper could be challenged are governed generally by Wis. Stat. ch. 8 and Wis. Admin Code Ch. EL 2.

- Wis. Stat. § 8.10 governs the requirements for non-partisan nomination papers for elections generally in the spring
- Wis. Stat. § 8.15 governs the requirements for partisan nomination papers for election generally in the fall
- Wis. Stat. § 8.20 governs the requirements for nomination papers of independent candidates
- Wis. Admin. Code EL § 2.05 outlines the “Treatment and sufficiency of nomination papers.”
- Wis. Admin. Code EL § 2.07 outlines the process that an individual would take to challenge the sufficiency of a candidate’s nomination papers, and reasons why a nomination paper could be challenged and how those challenges are handled.

For additional questions, please contact the Wisconsin Elections Commission at (608)261-2028 or elections@wi.gov.

Sample Nomination Paper Header for Partisan Office

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. 1 Jill Jones		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 2 123 Main St.		Candidate's municipality for voting purposes (required). <input checked="" type="checkbox"/> Town of 3 Westport <input type="checkbox"/> Village of <input type="checkbox"/> City of (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 4 123 Main St. Madison		State (required) WI	Zip code 5 53712	Type of election (required) <input checked="" type="checkbox"/> general 6 <input type="checkbox"/> special	General Election date (required) Mo/Day/Year 7 11/03/2020
Title of office (required) 9 Representative to the Assembly – 79 th District		District or Jurisdiction (required if applicable) <input checked="" type="checkbox"/> District number 79 10 <input type="checkbox"/> Jurisdiction (county)		Name of Jurisdiction or district in which candidate seeks office (required) 11 Wisconsin's 79 th Assembly District	

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.				
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Date of Signing Mo/Day/Year
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____.

(Name of circulator)

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Date)

(Signature of circulator)

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1. Insert your name with no titles.
2. Insert your voting address without the municipality.
3. Insert your voting municipality and check off the type of municipality (town, village, or city).
4. If your mailing address is different, such as you have a PO Box or your mailing municipality is different than your voting municipality, insert it here. Examples include: PO Box 987 Middleton, 567 First St.
5. Enter your zip code.
6. Check off the type of election.
7. Enter the date of the election. Do not put the primary date.
8. Enter your party name here. Examples include Democratic Party or Republican Party. You may enter your own party/statement of principle.
9. Enter the title of office. Examples include State Senator, United States Senate, and County Clerk.
10. If applicable, check off the District and enter the number or check off the jurisdiction and enter the county name.
11. Enter the whole jurisdiction or district here. Examples include Wisconsin State Senate District 7, Green County, and Congressional District 2.

Sample Completed Nomination Paper

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. David Smith		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number, box number (if rural route); and name of street or road 111 Lake St.		Candidate's municipality for voting purposes (required). <input type="checkbox"/> Town of <input checked="" type="checkbox"/> Village of <input type="checkbox"/> City of Sister Bay <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) PO Box 12345 Sister Bav		State (required) WI	Zip code 54235	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) Mo/Day/Year 11/03/2020
Title of office (required) State Senator – 1st District		District or Jurisdiction (required if applicable) <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's 1st State Senate District	

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
1. <i>Rich Ridecky</i>	Rich Ridecky	9494 Second St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sis Bay	5/1/2020
2. <i>David Smith</i>	D. Smith	111 Lake St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City " "	
3. <i>Aaron Hoog</i>	Aaron Hoog	Third St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sister Bay	5/1/2020
4. <i>Cory Davis</i>	Cory Davis	9423 2 nd St. Sister Bay	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/1/2020
5. <i>Robby</i>	Ryan Wontman	1949 2 nd St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sister Bay	5/1/2020
6. <i>Ally Cowley</i>	Robby W.	1848 Third St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sister Bay	5/1/2020
7. <i>Brittany Hallson</i>	Ally Cowley	212 E. Washington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/1/2020
8.	Brittany Hallson	789 River Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Egg Harbor	5/5/2020
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Diana Lowry, certify: I reside at 9090 Elections Ln. Wausau, WI
(Name of circulator) (Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/1/2020

(Date)

D. Lowry

(Signature of circulator)

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Nomination Paper Line Number

1. Acceptable. Well-known acronyms are acceptable for municipalities. The checkmark for Town, Village, or City is not required.
2. Acceptable. If the date above and below the name is acceptable, it can be "bracketed" in and accepted. Ditto marks are acceptable.
3. Unacceptable. Does not list the house number in the address.
4. Acceptable. If the information is contained on the line, it can be moved over. Sister Bay is in the address portion, so this is acceptable.
5. Unacceptable. No signature.
6. Unacceptable. The voter does not list their last name.
7. Unacceptable. The voter lives out of the 1st State Senate District.
8. Unacceptable. The voter signed after the date of the circulator certification.